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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2014

CORPORATE ACCESS, INC. 236 EAST 6TH AVE TALLAHASSEE, FL 32303

SUBJECT: REHABILITATION AND PAIN MANAGEMENT, LLC

Ref. Number: L12000092613

We have received your document for REHABILITATION AND PAIN MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P04000083423 (THE STRAP INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 314A00023120

COME

CORPORATE When you need ACCESS to the world ACCESS, INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 10-29-14 PICK UP: **CERTIFIED COPY PHOTOCOPY CUS** Þ **FILING** (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)

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SPECIAL

INSTRUCTIONS:

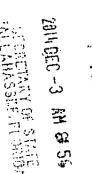
(CORPORATE NAME AND DOCUMENT #)

COVER LETTER

Division of	Corporations				
SUBJECT. REHA	ABILITATION AND PA	IN MANAGEMENT,	LLC	 1	~
SCHOLCI	Name of Florida	Limited Liability Compar	ny		2014
	cles of Conversion and f Company" into an "Othe			RETARY OF	DEC-3 AM
Please return all co	orrespondence concernin	ig this matter to:		701	35
Lorl A. Jackson	1			첉쏦	ഗ
	Contact Person			7,7	€ N
Strong & Hanni					
	Firm/Company				
9350 South 150	East				
	Address				·
Sandy, UT 840					
	City, State and Zip Code				
ljackson@strong	andhanni.com to be used for future annual	report notification)			
For further informa	ation concerning this ma	atter, please call:	•		
Lori A. Jackson		at (801) 53	2-7080		
Name of Contac	t Person	Area Code and Da	ytime Telephone Nu	mber	
Enclosed is a chec	k for the following amou	unt:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Certified Copy, a Certificate of Sta	ınd	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration	Corporations 327		
Tallahassee, FL 3	2301				

CR2E106 (07/14)

Articles of Conversion For Florida Limited Liability Company Into "Converted or Other Business Entity"



The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is: REHABILITATION AND PAIN MANAGEMENT, LLC Enter Name of Florida Limited Liability Company 2. The name of the "Converted or Other Business Entity" is: STRAPS, LLC Enter Name of "Converted or Other Business Entity" 3. The "Converted or Other Business Entity" is a Ilmited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) (Enter state, or if a non-U.S. entity, the name of the country) (Date of organization, formation or incorporation) and the formation document is attached (if applicable). 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S. 5. This conversion shall be effective in Florida on: December 3. 2014 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the

Florida Department of State; AND 2) must be the same as the effective date of the conversion under the

laws governing the "Other Business Entity.")

	siness Entity" is an out-of-state entity not registered to "Converted or Other Business Entity":	3
	et and mailing address of an office the Florida end and process served on the department pursuant to	34 as 55
Street Address: 28 Old Ruc	G.	
Dover, DE	19901	
Mailing Address:		
appraisal rights the amount to wand 605.1061-605.1072, F.S. Signed thisday	tess Entity" has agreed to pay any members having which such members are entitled under ss. 605.1006 of	
Signature:	gned by a Member or Authorized Representative	
Printed Name: Aditya Humad	Title: President and CFO, KICMAN Group, line, ite	ingement
Fees: Filing Fee: Certified Copy: Certificate of Status:	\$25.00 \$30.00 (Optional) \$5.00 (Optional)	rianger

Page 2 of 2